

**USMC CHILD AND YOUTH PROGRAMS (CYP)
SERIOUS INCIDENT/ACCIDENT/SUSPECTED CHILD ABUSE-
NEGLECT REPORT (IR)**

To be completed within 24 hours of occurrence.
All fields to be completed. Use N/A if response is not applicable.



REPORT DETAILS

1. Installation:

MCB Hawaii

2. Program Name:

Laulima CDC

3. Person Preparing IR:

(b) (6)

4. Report Covers:

Accident

5. Report Is For:

Select...

6. Child/Youth Involved (Initials only):

(b) (6)

a. Participant Age:

(b) (6)

OCCURRENCE DETAILS

7. Date and Time of Occurrence:

9/10/2015

9:09am

(Ex. Time format: 15:00)

8. 911 Call Placed:

No

(If "Yes", enter time)

(Ex. Time format: 15:00)

a. Transported to a Medical Facility:

Yes

b. If "Yes", Transportation Mode:

Select...

c. If "No", Enter Reason:**9. Type of Injury:**

Open Wound

Explain "Other":

"Explain other"

10. Area(s) of Body Involved/Injured:**a. Front**

Face

b. Back

N/A

Explain "Other":

"Explain other areas effected"

11. Injury/Incident Description:

This morning, (b) (6) was playing in the kitchen area of the classroom. He was walking through the area when he tripped on the toe of his shoe. He fell forward. He did not put out his arms to catch (b) (6) and fell straight into the edge of the play stove. He hit the middle of his (b) (6)

He stood up and the caregiver (b) (6) went right to him to pick him up. When she saw the blood coming from (b) (6) she handed him to (b) (6) and asked her to take him to the front and (b) (6) was called to the classroom as well. (b) (6) called me, (b) (6) to the front to inform me

12. Description of First Aid Treatment:

The area was cleaned with water and a paper towel. The caregiver applied an ice pack to both areas of the child's face. The child was also comforted.

14. Initial Parent Notification:

Telephone

Explain "Other":

"Explain other"

a. Time of Parent Notification:

9:11am

(Ex. Time format: 15:00)

13. Location of Incident/Occurrence:

Classroom

Explain "Other":

"Explain other"

a. Number of Staff at Location of Incident/Occurrence:

2

b. Number of Participants at Location of Incident/Occurrence:

9

c. Staff/Child Ratio at the time of Incident/Occurrence:

Other

Explain "Other":

2:9

15. Name of Staff Member Responsible for Care at time of Incident/Occurrence:

(b) (6)

Job Title:

Program Assistant

NAF

PT

If Other, specify:

Phone: 808-257-2038

16. CYP Program Director or Administrator on duty when Incident/Occurrence occurred:

(b) (6)

Phone: 808-257-2038

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

**USMC CHILD AND YOUTH PROGRAMS (CYP)
SERIOUS INCIDENT/ACCIDENT/SUSPECTED CHILD ABUSE-
NEGLECT REPORT (IR)
FOLLOW-UP REPORT**

*TO BE COMPLETED WITHIN 10 DAYS OF THE OCCURRENCE

Installation:
MCB Hawaii

Program Name:
Laulima CDC

Report is for:
Child/Youth/Teen
Explain "Other":
"Explain other"

Report Covers:
Accident

Date and Time of Occurrence:

9/10/2015 9:09am

Participant Involved:

(b) (6)

Staff Member Responsible For Care/Observer of
the Incident:

NAF

PT

Participant Age:

(b) (6)

17. Follow-up Report Completed:

(Ex. Time format: 15:00)

18. Person Preparing Follow-Up IR:

(b) (6)

a. Job Title:

19. Participant Returned to Program:

Yes

Date: 9/11/2015

20. Corrective Actions/Outcomes:

We contacted the parent of (b) (6) to follow up on
how he was cared for and she stated she took
him to the hospital off base and they put two

(b) (6) was
diminished by the time the parent arrived at the
facility. (b) (6) will return to the facility on
9/11/15. (b) (6) is doing great as stated by the
parent.

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REPORT DETAILS

1. Installation:

MCB Hawaii

2. Program Name:

Laulima CDC

3. Person Preparing IR:

(b) (6)

4. Report Covers:

Incident

5. Report Is For:

Select...

6. Child/Youth Involved (Initials only):

(b) (6)

a. Participant Age:

(b) (6)

OCCURRENCE DETAILS

7. Date and Time of Occurrence:

6/5/2017

1101

(Ex. Time format: 15:00)

8. 911 Call Placed:

Yes

(If "Yes", enter time) 1103

(Ex. Time format: 15:00)

a. Transported to a Medical Facility:

Yes

b. If "Yes", Transportation Mode:

Select...

c. If "No", Enter Reason:**9. Type of Injury:**

Other

Explain "Other":

(b) (6)

10. Area(s) of Body Involved/Injured:**a. Front**

N/A

b. Back

N/A

Explain "Other":

11. Injury/Incident Description:

Child was sitting in her chair getting ready to eat lunch when she fell out of her chair and was lying on the ground unresponsive. Caregivers called for a code blue and (b) (6) came to the classroom and immediately went to the child and tapped her on the shoulders and tried to get the child's attention. (b) (6) then lifted her chin and the child started to make a fluttering sound. (b) (6) thought she might have been choking so she attempted to sweep her mouth and noticed her teeth were clenched tight, and her eyes had rolled back. (b) (6) and another caregiver (b) (6) were talking to the child until she stopped

12. Description of First Aide Treatment:

CPR was administered prior to EMS showing up on site.

13. Location of Incident/Occurrence:

Classroom

Explain "Other":**a. Number of Staff at Location of Incident/Occurrence:**

2

b. Number of Participants at Location of Incident/Occurrence:

9

c. Staff/Child Ratio at the time of Incident/Occurrence:

1:7

Explain "Other":**15. Name of Staff Member Responsible for Care at time of Incident/Occurrence:**

(b) (6)

Job Title:

CYP Training & Curriculum Specialist

NAF

PT

If Other, specify:

Phone: 808-257-2038

14. Initial Parent Notification:

Telephone

Explain "Other":

Parents did show up to the center

a. Time of Parent Notification:

1108

(Ex. Time format: 15:00)

16. CYP Program Director or Administrator on duty when Incident/Occurrence occurred:

(b) (6)

Phone: 808-257-2038

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FOLLOW-UP REPORT**

***TO BE COMPLETED WITHIN 10 DAYS OF THE OCCURRENCE**

Installation:

MCB Hawaii

Program Name:

Laulima CDC

Report is for:

Child/Youth/Teen

Report Covers:

Incident

Explain "Other":

Date and Time of Occurrence:

6/5/2017

1101

Participant Involved:

(b) (6)

Staff Member Responsible For Care/Observer of
the Incident:

NAF

PT

Participant Age:

(b) (6)

17. Follow-up Report Completed:

(Ex. Time format: 15:00)

18. Person Preparing Follow-Up IR:

(b) (6)

a. Job Title:**19. Participant Returned to Program:**

Yes

Date: 6/7/2017

20. Corrective Actions/Outcomes:

Child had (b) (6) Child is awaiting follow
up appointment with primary doctor (dad said
appointment system is down) to determine if it is
(b) (6) is needed. ER
doctor has cleared her to return to the center.

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REPORT DETAILS

1. Installation:

MCB Hawaii

2. Program Name:

Laulima CDC

3. Person Preparing IR:

(b) (6)

4. Report Covers:

Suspected Child Abuse

5. Report Is For:

Select...

6. Child/Youth Involved (Initials only):

(b) (6)

a. Participant Age:

(b) (6)

OCCURRENCE DETAILS

7. Date and Time of Occurrence:

8/31/2018

0802

(Ex. Time format: 15:00)

8. 911 Call Placed:

No

(If "Yes", enter time)

(Ex. Time format: 15:00)

a. Transported to a Medical Facility:

No

b. If "Yes", Transportation Mode:

Select...

c. If "No", Enter Reason:**9. Type of Injury:**

N/A

Explain "Other":

"Explain other"

10. Area(s) of Body Involved/Injured:**a. Front**

N/A

b. Back

N/A

Explain "Other":

"Explain other areas effected"

11. Injury/Incident Description:

N/A

12. Description of First Aide Treatment:

N/a

13. Location of Incident/Occurrence:

Playground

Explain "Other":

"Explain other"

a. Number of Staff at Location of Incident/Occurrence:

2

b. Number of Participants at Location of Incident/Occurrence:

7

c. Staff/Child Ratio at the time of Incident/Occurrence:

Other

Explain "Other":

2/7

15. Name of Staff Member Responsible for Care at time of Incident/Occurrence:

(b) (6)

Job Title:

Program Assistant - Primary Teacher

NAF

PT

If Other, specify:

Phone: 808-257-2038

14. Initial Parent Notification:

In person

Explain "Other":

"Explain other"

a. Time of Parent Notification:

0802

(Ex. Time format: 15:00)

16. CYP Program Director or Administrator on duty when Incident/Occurrence occurred:

(b) (6)

Phone: 808-257-2038

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FOLLOW-UP REPORT**

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Installation:

MCB Hawaii

Program Name:

Laulima CDC

Report is for:

Child/Youth/Teen

Report Covers:

Suspected Child Abuse

Explain "Other":

"Explain other"

Date and Time of Occurrence:

8/31/2018 0802

Participant Involved:

(b) (6)

Staff Member Responsible For Care/Observer of
the Incident:

NAF

PT

Participant Age:

(b) (6)

17. Follow-up Report Completed:

(Ex. Time format: 15:00)

20. Corrective Actions/Outcomes:

The two caregivers were assigned to other facilities within MCCS where they are not working with children. The IDC meets on 26 September 2018

18. Person Preparing Follow-Up IR:

(b) (6)

a. Job Title:

19. Participant Returned to Program:

Yes

Date: 9/3/2018

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REPORT DETAILS

1. Installation:

MCB Hawaii

2. Program Name:

Laulima CDC

3. Person Preparing IR:

(b) (6)

4. Report Covers:

Incident

5. Report Is For:

Select...

6. Child/Youth Involved (Initials only):

(b) (6)

a. Participant Age:

(b) (6)

OCCURRENCE DETAILS

7. Date and Time of Occurrence:

9/26/2018

1030

(Ex. Time format: 15:00)

8. 911 Call Placed:

Yes

(If "Yes", enter time) 1035

(Ex. Time format: 15:00)

a. Transported to a Medical Facility:

Yes

b. If "Yes", Transportation Mode:

Select...

c. If "No", Enter Reason:**9. Type of Injury:**

Other

Explain "Other":

(b) (6)

10. Area(s) of Body Involved/Injured:**a. Front**

Other

b. Back

N/A

Explain "Other":

(b) (6)

11. Injury/Incident Description:

A caregiver in the toddler classroom was taking toys out of the closet. She walked out of the closet with the toys in hand and before she could shut the door, one of the children in the classroom pushed the door shut, resulting in another child's (b) (6) in the door.

12. Description of First Aid Treatment:

The Assistant Director called 911. 911 came to assess the child and decided to transport the child to the hospital for further treatment. The mother was notified that her child would be taken to the hospital. The Assistant Director rode with the child in the ambulance and stayed with the child until the mother arrived. The child (b) (6)

13. Location of Incident/Occurrence:

Classroom

Explain "Other":

"Explain other"

a. Number of Staff at Location of Incident/Occurrence:

2

b. Number of Participants at Location of Incident/Occurrence:

12

c. Staff/Child Ratio at the time of Incident/Occurrence:

Other

Explain "Other":

2/12

15. Name of Staff Member Responsible for Care at time of Incident/Occurrence:

(b) (6)

Job Title:

Program Assistant

NAF

FT

If Other, specify:

Phone: 808-257-2038

14. Initial Parent Notification:

In person

Explain "Other":

"Explain other"

a. Time of Parent Notification:

1040

(Ex. Time format: 15:00)

16. CYP Program Director or Administrator on duty when Incident/Occurrence occurred:

(b) (6)

Phone: 808-257-2038

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NEGLECT REPORT (IR)
FOLLOW-UP REPORT**

***TO BE COMPLETED WITHIN 10 DAYS OF THE OCCURRENCE**

Installation:
MCB Hawaii

Program Name:
Laulima CDC

Report is for:
Child/Youth/Teen
Explain "Other":
"Explain other"

Report Covers:
Incident

Participant Involved:

(b) (6)

Date and Time of Occurrence:
9/26/2018 1030

Participant Age:

(b) (6)

Staff Member Responsible For Care/Observer of
the Incident:

NAF

FT

17. Follow-up Report Completed:

(Ex. Time format: 15:00)

18. Person Preparing Follow-Up IR:

(b) (6)

a. Job Title:

20. Corrective Actions/Outcomes:

The Program Director spoke with the staff member as well as the other staff to remind them of following the safety precautions when entering and exiting the closets that are located in the classroom. The Program Director also had the maintenance employee to check all of the closet doors to ensure the pinch guards were attached properly.

19. Participant Returned to Program:

Yes ☐

Date: 9/27/2018

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NEGLECT REPORT (IR)**

To be completed within 24 hours of occurrence.
All fields to be completed. Use N/A if response is not applicable.



REPORT DETAILS

1. Installation:MCB Hawaii **2. Program Name:**

Laulima CDC

3. Person Preparing IR:

(b) (6)

4. Report Covers:

Suspected Child Abuse/Neglect

[Click Here to Change Report Type](#)**5. Report Is For:**Preschool **6. Child/Youth Involved (Initials only):**

(b) (6)

a. Participant Age:

(b) (6)

7. Name of Staff Member Suspected of Child Abuse/Neglect:

(b) (6)

Job Title:

Program Assistant

NAF PT

If Other, Specify:

8. Observer of the Suspected Child Abuse/Neglect:

NA

(This should be the person making report to CPS.)

Phone:

NA

OCCURRENCE DETAILS

9. Date and Time of Occurrence:8/13/2019

12:02

(Ex. Time format: 15:00)

10. 911 Call Placed:No

(If "Yes", enter time)

(Ex. Time format: 15:00)

a. Transported to a Medical Facility:No **b. If "Yes", Transportation Mode:**Select... **c. If "No", Enter Reason:**

11. Suspected Child Abuse-Neglect Report Made to:**a. Family Advocacy Program:**Yes ☒**Date and Time of FAP Notification:**

8/14/2019



09:05

(Ex. Time format: 15:00)

b. Child Protective Services:Yes ☒**Date and Time of CPS Notification:**

8/14/2019



10:24

(Ex. Time format: 15:00)

c. Human Resources:Yes ☒**Date and Time of HR Report:**

8/14/2019



09:57

(Ex. Time format: 15:00)

12. Description of Child Abuse/Neglect:

Parent, who is a caregiver at a Kupulau CDC informed her supervisor that her child came home from Laulima CDC with a (b) (6) and that her child stated that the caregiver did it when she pulled her blanket. Laulima Program Director was notified at 0930 upon her arrival to work.

13. Type of Injury:

(b) (6)

**Explain "Other":****14. Area(s) of Body Involved/Injured:****a. Front**

(b) (6)

**b. Back**

N/A

**Explain "Other":****15. Location of Occurrence:**Classroom ☒**Explain "Other":****a. Number of Staff at Location of the Occurrence:**

2

b. Number of Child/Youth at the Location of Occurrence:

16

c. Staff/Child Ratio During Occurrence:

2:24

**Explain "Other":****18. CYP Program Director or Administrator on duty when Incident/Occurrence occurred:**

(b) (6)

16. Description of First Aid Treatment:

First aid was not provided, as staff were not aware that the child was injured. Parent noticed the mark at home and notified a CYP Manager the following day.

17. Initial Parent Notification:

Other

**Explain "Other":****a. Time of Parent Notification:**

19:00

(Ex. Time format: 15:00)

Phone:

808-257-2038

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**USMC CHILD AND YOUTH PROGRAMS (CYP)
SERIOUS INCIDENT/ACCIDENT/SUSPECTED CHILD ABUSE-
NEGLECT REPORT (IR)
FOLLOW-UP REPORT**

*TO BE COMPLETED WITHIN 10 DAYS OF THE OCCURRENCE

Installation:
MCB Hawaii

Program Name:
Laulima CDC

Report is for:
Preschool
Explain "Other":

Report Covers:
Suspected Child Abuse/Neglect

Date and Time of Occurrence:
8/13/2019 12:02

Participant Involved:

(b) (6)

Staff Member Responsible for Care/Observer of the Incident:

NAF

PT

Participant Age:

(b) (6)

19. Follow-up Report Completed:

8/15/2019 10:17

(Ex. Time format: 15:00)

20. Person Preparing Follow-Up IR:

(b) (6)

a. Job Title:

Family Care Branch Head

21. Participant Returned to Program:Yes ☒ **Date:** 8/14/2019**22. FAP Determination:**Did Not Meet Criteria ☒**23. Accreditation Organization Notified:**No ☒**24. Corrective Actions/Outcomes:**

Upon notification, the caregiver was removed from working with children and temporarily reassigned to work in the (b) (6) until investigation and IDC has concluded. The case did not meet criteria and the employee returned to work on (b) (6)

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NEGLECT REPORT (IR)**

**To be completed within 24 hours of occurrence.
All fields to be completed. Use N/A if response is not applicable.**



REPORT DETAILS

1. Installation:

MCB Hawaii

2. Program Name:

Laulima CDC

3. Person Preparing IR:

(b) (6)

4. Report Covers:

Suspected Child Abuse/Neglect

5. Report Is For:

Preschool

6. Child/Youth Involved (Initials only):

(b) (6)

a. Participant Age:

(b) (6)

7. Name of Staff Member Suspected of Child Abuse/Neglect:

(b) (6)

8. Observer of the Suspected Child Abuse/Neglect:

(b) (6)

(This should be the person making report to CPS.)
Phone:

808-257-2038

Job Title:

Program Assistant

NAF

PT

If Other, Specify:

OCCURRENCE DETAILS

9. Date and Time of Occurrence:

8/1/2019

06:40

(Ex. Time format: 15:00)

10. 911 Call Placed:

No

(If "Yes", enter time)

(Ex. Time format: 15:00)

a. Transported to a Medical Facility:

No

b. If "Yes", Transportation Mode:

Select...

c. If "No", Enter Reason:**12. Description of Child Abuse/Neglect:**

11. Suspected Child Abuse-Neglect Report Made to:**a. Family Advocacy Program:**

Yes

Date and Time of FAP Notification:

8/1/2019

09:00

(Ex. Time format: 15:00)

b. Child Protective Services:

Yes

Date and Time of CPS Notification:

8/1/2019

09:30

(Ex. Time format: 15:00)

c. Human Resources:

Yes

Date and Time of HR Report:

8/1/2019

09:30

(Ex. Time format: 15:00)

On 1 August 2019 at 0640, the parent of (b) (6) spoke with a program lead stating that while she was giving (b) (6) a bath on the night of 7/31/19, he stated that is "ooie hurts" she looked under his armpit and saw a (b) (6) and he stated that (b) (6) pinched him, because he was not behaving. (b) (6) was immediately removed from the facility and reassigned to the (b) (6) until after the investigations.

13. Type of Injury:

(b) (6)

Explain "Other":**14. Area(s) of Body Involved/Injured:****a. Front**

Other

b. Back

Other

Explain "Other":

(b) (6)

15. Location of Occurrence:

Other

Explain "Other":

Not sure if it occurred in

a. Number of Staff at Location of the Occurrence:

2

b. Number of Child/Youth at the Location of Occurrence:

19

c. Staff/Child Ratio During Occurrence:

1:12

Explain "Other":**18. CYP Program Director or Administrator on duty when Incident/Occurrence occurred:**

(b) (6)

Phone:

808-257-2038

16. Description of First Aide Treatment:

No first aid was given on site, parent reported the incident the following day.

17. Initial Parent Notification:

Other

Explain "Other":

Parent notified the facility

a. Time of Parent Notification:

06:40

(Ex. Time format: 15:00)

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NEGLECT REPORT (IR)
FOLLOW-UP REPORT**

***TO BE COMPLETED WITHIN 10 DAYS OF THE OCCURRENCE**

Installation:
MCB Hawaii

Program Name:
Laulima CDC

Report is for:
Preschool
Explain "Other":

Report Covers:
Suspected Child Abuse/Neglect

Date and Time of Occurrence:
8/1/2019 06:40

Participant Involved:

(b) (6)

Staff Member Responsible for Care/Observer of
the Incident:

NAF

PT

Participant Age:

(b) (6)

24. Corrective Actions/Outcomes:

The IDC met on 11 September 2019 and the case
did not meet criteria. (b) (6)

(b) (6)

19. Follow-up Report Completed:

9/11/2019

00:00

(Ex. Time format: 15:00)

20. Person Preparing Follow-Up IR:

(b) (6)

a. Job Title:

Program Assistant

21. Participant Returned to Program:

Yes

Date: 8/2/2019

22. FAP Determination:

Did Not Meet Criteria

23. Accreditation Organization Notified:

Yes

8/2/2019

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